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maintenance fee notification	ons.		a) phoonily mile a mon con	espondence address	, and or (o) moreaming a sep	arate FEE ADDRESS for	
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20995	7590 09/20	1/2007					
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			-			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/965,968 09/26/2001			Zhenyu Gao	USP1664A-ZYG 5187		5187	
TITLE OF INVENTION: ANTI-ALTERNATION SYSTEM FOR HOMEPAGE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	\$300	\$0	\$1000	12/20/2007	
EXAMIN	IER	ART UNIT	CLASS-SUBCLASS]			
PYZOCHA, MICHAEL J		2137	726-026000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence or agents OR, alternatively, 1. Change of correspondence address or indication of "Fee Address" (37 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1. Change of correspondence address or indication of "Fee Address" (37 (2) the names of up to 3 registered patent attorneys or agents OR, alternatively,						e, Martens,	
Change of corresponded Address form PTO/SB/	idence address (or Cha 122) attached.	nge of Correspondence	or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
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Please check the appropriate assignee category or categories (will not be printed on the patent):							
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Publication Fee (No: Advance Order - # o	small entity discount p of Copies 10	ermitted)	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any				
overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).							
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